

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit	: 1745	<b>Customer No.: 035811</b>
Examiner	: Raymond Alejandro	
Serial No.	: 10/079,003	
Filed	: February 20, 2002	
Inventors	: Peter Haug	Docket No.: 1376-01
	: Peter Birke	
	: Konrad Holl	Confirmation No.: 6145
	: Dejan Ilic	
Title	: GALVANIC ELEMENT HAVING AT LEAST	
	: ONE LITHIUM-INTERCALATING ELECTRODE	
		Dated: August 13, 2004

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**AMENDMENT**

**Mail Stop AF**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated April 14, 2004, Applicants amend the  
Application as follows:



Attorney Docket No.: 1376-01

In re Application of Peter Haug et al.

Serial No.: 10/079,003

Filed: February 20, 2002

For: GALVANIC ELEMENT HAVING AT LEAST ONE LITHIUM-INTERCALATING ELECTRODE

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) (Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 10	-	** 20=	0
INDEP.	* 1	-	** 3=	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$ \_\_\_\_\_ OR \$ \_\_\_\_\_

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

— Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

— A check in the amount of \$ \_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



\_\_\_\_\_  
T. Daniel Christenbury  
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Attorney for Applicants

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